

MULTIPLE DEPENDENT CLAIM
CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FEE

SERIAL NO.

11/ 579012

FILING DATE

10.30.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER st AMENDMENT		AFTER nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3				1		
4						
5						
6						
7						
8						
9						
10						
11	1			1		
12		1				
13				1		
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16	1			1		
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50						
TOTAL IND.				3		
TOTAL DEP.					19	
TOTAL CLAIMS			22			

	AS FILED		AFTER st AMENDMENT		AFTER nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						